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Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329

Dear CDC SSP Coordinator:

The State of New Hampshire (NH) requests a determination of need regarding use of federal funding for syringe services programs (SSPs). Following direction outlined in the *U.S. Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs*, 2016, the evidence presented indicates NH is at risk for significant increases in bloodborne pathogens including viral hepatitis and human immunodeficiency virus (HIV).

NH is a small, rural state. The 2010 U.S. Census estimates a population of 1,316,470.¹ Approximately 617,000 individuals (47%) live in NH's rural areas, which make up 90% of the state's land area.² Data show that no part of the state is spared from the current ongoing opioid overdose crisis. Residents in rural areas face specific health challenges, including a higher likelihood of being uninsured and healthcare providers and hospitals being located farther away.² With the ongoing opioid use epidemic, the potential for dramatic increases in morbidity among NH residents due to viral hepatitis or HIV is a very real threat. Parallels certainly exist between the states of NH and Indiana where a recent outbreak of HIV and hepatitis C virus (HCV) were perpetuated by a lack of services coupled with increasing intravenous drug use (IDU). Functioning and funded SSPs are an evidence-based, cost-effective method proven to decrease risky needle sharing behavior among injection drug users, and can ultimately decrease infectious disease transmission.

NH has noted a rise in opioid-related Emergency Department (ED) encounters from 3,300 encounters in 2011 to 5,603 in 2015 representing an increase of 70%.³ The NH Medical Examiner's office reports a 192% increase in drug overdose deaths from 163 in 2012 to 476 in 2016. For deaths specifically mentioning opioids, the numbers are also striking: 145 deaths in 2011 compared to 361 in 2015 (an increase of 148%).⁴ Additionally, NH's Bureau of Emergency Medical Services (BEMS) reports a 179% increase in the administration of the anti-overdose medication, naloxone, from 1,039 incidents in 2013 to 2,895 in 2016. Among persons being admitted to drug treatment programs, 2,183 reported using heroin at the time of treatment admission in 2015 while 2,793 persons reported using heroin at the time of treatment admission in 2016 (increase of 28%).⁵

NH is also experiencing an increase in cases of sexually transmitted diseases (STDs). Chlamydia cases have increased 21% (3,023 cases in 2011 compared to 3,685 cases in 2015); gonorrhea cases have risen 212% (136 cases in 2011, 425 cases in 2016); and infectious syphilis cases have increased 157% (26 cases in 2011, 67 cases in 2016).⁶ Disease investigation staff report many instances where risky sexual behavior, such as having sex with anonymous partners or inconsistent condom use, is brought on directly or indirectly by trading sex for opioids.⁶ Though NH is not experiencing an increase in HIV cases, the percent reporting only IDU as a risk factor is rising. For the five-year period 2011 to 2015 only 4.8% of new HIV diagnoses reported a risk factor of IDU only. For the eight-month period between January and August 2017, 20.8% of new HIV diagnoses reported a risk of IDU only.⁷ While NH has only been collecting HCV reports for 10 months, early data show that 79% of 202 newly diagnosed individuals report ever injecting drugs and 56% report injection drug use in the 6 months prior to diagnosis.⁸

Perhaps the most dramatic data point to demonstrate NH's risk for a rise in disease comes from NH's State Forensic Laboratory. In 2014, 103 drug samples tested as part of criminal charges were positive for opioids. In 2016, 1,721 samples tested positive. Many of these samples were injectable drugs. This represents an increase of 1,571%.⁹

In recent years, NH has mounted a comprehensive response to the opioid abuse crisis.¹⁰ Strategic recommendations from that response include establishment of appropriate SSPs. The NH legislature did authorize the operation of SSPs in NH in June 2017, which has garnered much interest and participation is anticipated to be high. Unfortunately, no funding mechanism was included with the legislation. The data provided indicate that NH is at risk for a significant increase in viral hepatitis infections or HIV cases due to injection drug use. The ability to redirect federal funds toward certain components of SSPs is paramount to implementing this new program and its capacity to be effective at limiting morbidity due to bloodborne pathogens.

Thank you for considering this request. Should you have any questions, please feel free to contact me at 603-271-4927 or elizabeth.daly@dhhs.nh.gov.

Respectfully,

A handwritten signature in black ink, appearing to read "Elizabeth R. Daly". The signature is fluid and cursive, with the first name "Elizabeth" being more prominent and the last name "Daly" following in a similar style.

Elizabeth R. Daly, MPH
Chief, Bureau of Infectious Disease Control

Data to Support New Hampshire's Determination of Need Request

Outcomes	Data Source	Geographic area	Assessment period beginning year and number or rate	Assessment period ending year and number or rate	Percent increase during the assessment period
Increase in opioid-related ED encounters	NH Division of Public Health Services, AHEDD ³	Statewide	Month: Jan-Dec Year: 2011 Value: 3300 Units: encounters	Month: Jan-Dec Year: 2015 Value: 5603 Units: encounters	70%
Increase in drug overdose deaths	NH Drug Monitoring Initiative Report (July 2017), NH Medical Examiner's Office ⁵	Statewide	Month: Jan-Dec Year: 2012 Value: 163 Units: deaths	Month: Jan-Dec Year: 2016 Value: 476 Units: deaths	192%
Increase in drug overdose deaths involving opioids	NH Health WISDOM, NH Medical Examiner's Office ⁴	Statewide	Month: Jan-Dec Year: 2011 Value: 145 Units: deaths	Month: Jan-Dec Year: 2015 Value: 361 Units: deaths	148%
Newly identified acute Hepatitis C diagnoses	NHEDSS ⁸	Statewide	Month: Jan-Dec Year: 2016 Value: 11 (estimated) Units: cases	Month: Jan-Aug Year: 2017 Value: 18 Units: cases	Not calculated. Hepatitis C surveillance began in November 2016. 2016 estimate based on 2015 national surveillance data. ¹¹
Increase in percentage of HIV cases reporting injection drug use as their only risk factor	eHARS ⁷	Statewide	Month: Jan-Dec Years: 2011 to 2015 Value: 4.8 Units: percent	Month: Jan-August Year: 2017 Value: 20.8 Units: percent	333%
Increase in EMS Naloxone Administration	NH Drug Monitoring Initiative Report (July 2017), NH Bureau of Emergency Medical Services ⁵	Statewide	Month: Jan-Dec Year: 2013 Value: 1039 Units: incidents	Month: Jan-Dec Year: 2016 Value: 2895 Units: incidents	179%

Increase in samples testing positive for opioids analyzed by the State of New Hampshire Forensic Laboratory	State of New Hampshire Forensic Laboratory ⁹	Statewide	Month: Jan-Dec Year: 2014 Value: 103 Units: samples	Month: Jan-Dec Year: 2016 Value: 1721 Units: samples	1571%
Increase in number of people using heroin at time of treatment admission	NH Drug Monitoring Initiative Report (July 2017), NH Bureau Drug and Alcohol Services ⁵	Statewide	Month: Jan-Dec Year: 2015 Value: 2183 Units: admissions	Month: Jan-Dec Year: 2016 Value: 2793 Units: admissions	28%

Table Acronyms

AHEDD: Automated Hospital Emergency Department Data system

eHARS: enhanced HIV/AIDS Reporting System

NHEDSS: New Hampshire Electronic Disease System

WISDOM: NH Health WISDOM is an interactive website aggregating public health data and producing customized reports, maps and time trend analysis.⁴

References

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2. New Hampshire Rural Health Issue Brief, October 2014. Available at:
<https://www.dhhs.nh.gov/dphs/bchs/rhpc/documents/rh-issuebrief2014.pdf>
3. NH Automated Hospital Emergency Department Data (AHEDD)
4. NH WISDOM. Available at: <https://wisdom.dhhs.nh.gov/wisdom/#main>
5. NH Drug Monitoring Initiative Report, July 2017. Available at:
<https://www.dhhs.nh.gov/dcbcs/bdas/documents/dmi-july-2017.pdf>
6. NH Patient Reporting Investigating Surveillance Manager (PRISM)
7. NH Enhanced HIV/AIDS Reporting System (eHARS)
8. NH DHHS unpublished data
9. NH State Forensic Laboratory
10. The Opiate/Opioid Public Health Crisis, Update on the State of New Hampshire's Comprehensive Response: <https://www.dhhs.nh.gov/dcbcs/bdas/documents/state-response-opioid-crisis.pdf>
11. Centers for Disease Control and Prevention. Surveillance for Viral Hepatitis – United States, 2015, Table 4.1. Available at: <http://www.cdc.gov/hepatitis/Statistics/2015Surveillance/index.htm>